MEETING MINUTES

Project Name: IPRS Doc. Version No: 1.0 Status: Final

Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH

Scribe: Marcus Jeffers

Date: 10/03/2007

Time: 10:30 – 11:30 a.m.

Location: Wycliff Conference Room 429

IPRS Core Team Attendees:

Rick Kretschmer Others: Sarah Harris Tim Sullivan Cheryl McQueen Jamie Herubin Eric Johnson Sandy Flores Gary Imes Mike Frost Joyce Sims Myran Harris Kris Berry Dana Jackson Thelma Hayter Deborah LeBlanc Marcus Jeffers Cathy Bennett

Attendees:

Alamance-Caswell

✓ Albemarle

✓ Catawba

✓ Crossroads

/ Cumberland

✓ Durham

✓ Eastpointe

✓ East Carolina Behavioral Health

Five - County MHA

✓ Foothills

Guilford

✓ Johnston

✓ Mecklenburg

✓ Onslow-Carteret

✓ OPC

✓ Pathways

✓ Sand Hills Center

✓ SE Center

✓ SE Regional

Smoky Mountain

The Beacon Center

✓ Wake

✓ Western Highlands

Item No. Topics

- 1. Roll call
- 2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
- 3. Upcoming Check-writes (cut-off dates) -
- 4. Agenda items
 - Timely Filing Cutoff
 - Beta Test (NPI) Requirements/ Issues
 - IPRS/MMIS Questions or Concerns
- 5. DMH and/or EDS concluding remarks
 - a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) 4707
- 6. Roll Call Updates

Next Meeting: October 10, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc. Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355 M-F, 8 a.m.-4:30 p.m., excluding holidays.

Print date: 10/06/08 IPRS Core Team Mtg Minutes 10-3-07.doc

IPRS Question and Answer email address - iprs.qanda@ncmail.net

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OMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)
Topics
Roll Call
Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
Upcoming Check-writes (cut-off dates)
Agenda items No Previous Checkwrite Cycle
 <u>Timely Filing Cutoff</u> Travis continued with a reminder that the last checkwrite in October (10-25-2007) will be the cutoff for timely filing in order to pay claims for fiscal year '06 – '07.
Beta Test (NPI) Requirements Review Travis continued by requesting that area programs continue to send files in for beta testing.
 IPRS/ Medicaid Questions & Concerns: Q: Tom (Western Highlands): – Has EDS developed the capability to accept the telepsychiatry reimbursement for code "Q3014" along with a reimbursement rate? A: Cheryl (DMH): We are currently in the process of testing the billing of telemedicine codes. Currently testing is being done on both the IPRS and Medicaid side. Q: Tom (Western Highlands): Can you accept the GT modified CPT codes? A: Cheryl (DMH): No, not at this time on the IPRS side. Q: Terry Boyette (EastPointe): I had joined a IPRS Q&A teleconference a week or so ago and there was a question asked about the AMSRE pop group. Why is the initial assessment not paid for? A: Thelma (DMH): I believe this is because one does not start in AMSRE at first. Once the person is stable they moved into the AMSRE pop group. Q: Terry Boyette (EastePointe): However; when we are doing initial matrices for clients, they are automatically being populated into this pop payer at the point of doing the initial assessment. It just says they have to be eligible for AMSMI or AMSTM. Q: Thelma: (DMH): I would like to check my resources, but I do believe clients should not be moved into this pop group until they have shown signs of improvement. If they have any relapse other than medication or other counseling, then they are suppose to moved to another pop group. We will research this further for you. A: Terry Boyette: (EastPointe): Cheryl, is there anyway that you could give me a call in regards to the matrices I discussed last week? A: Cheryl (DMH): Yes, when I have returned to my desk. Q: Terry Boyette: (EastPointe): Thanks.

Q: Dean (East Carolina Behavioral): I have a general question. I had heard that there is a possibility of an NPI requirement will be in November. Is this information true?

A: Cheryl: (DMH): Not that it will be required in November, no. You will be able to submit with your NPI only beginning by the New Year. However; you won't be required to send it until May. We are only trying to encourage you to send your NPI earlier so that all issues may be worked out before you have the pressure of the end of the fiscal year on top of you.

Q: Dean (East Carolina Behavioral): As far as single stream funding, East Carolina was awarded this. Will the 3811 report that shows the funding keep the dollars as it is or will it be set to zero.

A: Cheryl (DMH): For the next checkwrite it will change to zero.

Q: Dean (East Carolina Behavioral): The September report has been printed. May we continue to keep this information to see what it would have been?

A: Cheryl (DMH): Yes.

Q: Dean (East Carolina Behavioral): Thanks.

Q: Terry Boyette (EastPointe): Is there anywhere online where I could find the 2007 Poverty Guidelines?

A: Thelma: (DMH): I believe it is on the Medicaid Website. I would have to research it and find out for sure.

Q: Terry Boyette: (EastPointe): Could you email that information to me Thelma. I have been asked that question this morning.

A: Thelma: (DMH): Sure

DMH and/or EDS Concluding Remarks:

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Roll Call Updates